٠.	CLAIMS AS FILED - PART I				10 511624		
	50-	(Column 1)	(Caluma 2)	•		21190231	
أدو	BASIC FEE	NUMBER FILED		CININCL EV	ITITY OR	OTHER THAN	
	(37 CFR 1.16(a))		NUMBER EXTR	A RATE		SMALL ENTITI	
• •	TOTAL CLAIMS (37 OFR 1.16(c))			7	FEE	0.475	
	INDEPENDENT	minus 20 =		5		RATE FE	
	· · · · · · · · · · · · · · · · · · ·	mious 2		x s 25=	OR.	5	
	MULTIPLE DEPENDENT CL	T CLAMPROSOS		x s 100_	OR .	× s <u>50</u> .	
	· If the difference in column	* If the difference in column 1 is less than zero, enter "0" in column 2.			OR	x s 200	
	O'	(is less than zero, enter "0";	in columi, 2.	+5.18Q	OR OR	+ 360	
		S AS AMENDĘD – PAF	TOTAL L	OR	TOTAL		
	(Col	umn 1) (Col	umn 21. (Column	2.			
	29 06 REM	ANING	TEST	SMALL ENTIT	Y OR	OTHER THAN	
. [AMEN	IOMENT PREVIO	BER PRESEN DUSLY EXTRA		٦٠ ا	SMALL ENTITY	
	< local .	Minus PAID	FOR	rio	DDI-	RATE ADD	
1	Z Independent 17	[0]		x s 25 = F	Ε	TIONE	
ŀ	3	Minus	=		OR	× 50 = FEI	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			x s 100	1 [
- [+ 5 180=	OR /	x s 20Q	
- 1				TOTAL	TOTAL OR +530		
	(Colum	(Colum		. ADO'L FEE	ORT	OTAL	
	CLAIR REMAIN	AS HIGHES	in 21 (Column 3)	1	Α.	DO'L FEE	
1 8	AFTE	R NUMBE	R PRESENT	CAYE			
13	Total AMENDA	PAID FO	SLY EXTRA	RATE ADDI	: '	RATE 400	
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A A A A	GI CHE L'INDII	· Minus ···	=	x s 25 =	7 1	FEE	
	FIRST PRESENTATION OF U	# I/O		x s 100=	OR XS	50.	
1.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+5180=	OR XS	200	
				TOTAL	OR .	360	
<u> </u>	(Column t		•	ADO'L FEE	TOT	Al	
0	CLAIMS	(Column 2	(Column 3)		OR ADD	IL REE	
MENT	REMAININ AFTER	A38MON I NOMBER	PRESENT				
1 #	TOTAL	NT PREVIOUSE	Y EXTRA	RATE ADDI.			
	(31 CFR 1.16(c))	Minus -		TIONAL	Po	ATE ADDI-	
AMEND	Indépendent (37 OFA 1.16(b))	Minus		x s 25	1	TIONAL FEE .	
₹	FIRST PRESENTATION	1 1	=	x s 100	OR KS	0	
	STANCTIPLE DEPENDENT CLASS			+ 5 180=	OR x 5.2	== 1	
١.	II the			TOTAL	. OR + 3	0O_	
ADD' CCC							
				r -50.	OR ADD'L	FEE .	
If the Highest Number Previously Paid For In THIS SPACE is less than 20, enter 20. The Highest Number Previously Paid For In THIS SPACE is less than 3, enter 3. The Highest Number Previously Paid For In THIS SPACE is less than 3, enter 3. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a periodic took in column 1. On the amount of time my control of the properties of the propert							
including galleging access an application. Confidentiality is access including galleging access to the appropriate box in column to							
on the amount of time your consisting the completed and 37 CFR 114 This							

The "Highest Number Previously Paid For Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any complete. Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-P FO-9199 and select option 2